

tices in common childhood diseases ( $p \leq 0.10$ ). Those who had not postgraduate degree were more likely to feel diagnostic uncertainty ( $p \leq 0.10$ ). Finally, 88.5% of university hospitals have a specialist in infectious diseases vs 11.5% of general hospitals ( $p \leq 0.001$ ). **CONCLUSIONS:** Although pediatricians did not feel diagnostic uncertainty, a significant percentage of them prescribed antibiotics in common childhood diseases. Educational measures are needed to change perceptions leading to misuse of antibiotics.

#### PHP292

##### ASSESSMENT OF DRUG PRESCRIBING AMONG PREGNANT WOMEN ATTENDING ANTENATAL OUT PATIENT DEPARTMENT OF A REFERRAL HOSPITAL IN ETHIOPIA

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**OBJECTIVES:** To assess drug prescription pattern in pregnant women attending antenatal outpatient department of Ayder Referral Hospital, Northern Ethiopia. **METHODS:** A cross sectional study was conducted by reviewing patient cards of 214 pregnant women who received antenatal care in outpatient department of gynecology and obstetrics of Ayder Referral Hospital (ARH) from February 24 to April 30, 2014. **RESULTS:** A total of 214 pregnant women' cards were reviewed and only 145 (67.75%) of them were prescribed one or more medications. Fifty two (35.86%), 68 (46.89%), 22 (15.17%) and 3 (2.06%) of the pregnant women received one, two, three and four medications, respectively. An average of 1.84 drugs per pregnant woman were prescribed following ANC follow up. FDA category of the most prescribed drugs to the pregnant women were category A 113 (42.44%), category C 83 (30.87%) and category B 69 (25.76%). One (0.72%) drug was prescribed from category D and no medication was prescribed from category X in the study period. Iron with folic acid 105 (39.32%) was the most frequently prescribed drug, other minerals and vitamins prescribed included multivitamins 5 (1.87%), hem up syrup 49 (1.49%), vitamin-B complex 2 (0.74 %) and pyridoxine 1 (0.37%). Tetanus toxoid (TT) 69 (25.84%) was the most commonly used immunization and amoxicillin was the third most prescribed drug 41 (15.35%). All the drugs (100%) were prescribed in generic name. One hundred thirty four (62.04%) drugs were taken orally, 1 (0.46%) was administered vaginally and the injectables, 78 (36.11%) were IV and 3 (1.38%) were IM. The injectables that have been prescribed during ANC included Anti-D and TT. **CONCLUSIONS:** The average number of drugs prescribed was 1.84 per pregnant woman. The pharmacological class of most frequently prescribed drugs were anti-anemic and antibiotics. The most commonly prescribed drugs were iron with folic acid and amoxacillin. Majority of the prescribed drugs fall in FDA categories A, C and B.

#### PHP293

##### ATTITUDES OF MEDICAL DOCTORS AND PHARMACISTS TOWARD GENERIC SUBSTITUTION IN SLOVAKIA: FIRST RESULTS FROM ADOPTING THE LAW IN 2012

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**OBJECTIVES:** Mandatory generic substitution is valid since December 2011. It was one of the key cost-containment measures at the field of drug policy. We provided research on statistically selected sample of patients in Slovakia last year and this year we present results from medical doctors' and pharmacists' population to detect current attitude, knowledge and believes toward generic substitution (GS). **METHODS:** Based on descriptive statistic methods we performed explorative research analysis. We created special questionnaire for medical doctors (MD) and pharmacists (P) and distributed it in selected regions in Slovakia. We evaluated 131 (MD) and 138 (P) out of 702 collected questionnaires. Research was performed in 2014 and 67% MDs and 68% of pharmacists were younger than 50. **RESULTS:** Only 2% MDs and 9% pharmacists indicated price of drug as key parameter for treatment recommendation with generic drug. In contrary, 89% of MDs and 69% of pharmacists indicated their own experience with treatment as key factor for treatment recommendation. One third (34%) of MDs did not offer in last three month any generic drug to their patients compared to pharmacists where 100% offered generic substitution. Different situation was noticed in the relationship with patients where 56% MDs responded that patients did not ask for cheaper generic alternative compared to pharmacists where only 17% of patients did not ask for cheaper drug. 40% of MDs and 37% of pharmacists indicated distrust towards quality, effectiveness and safety of generics compared to original molecules. Bivariate analysis also showed significant distrusts among MDs/P towards generic substitution ( $p < 0.001$ ) and we also found significant correlation between age of MDs/P and attitude towards safety, quality and effectiveness of generics. **CONCLUSIONS:** Based on our research among MDs and pharmacists we conclude that generic substitution is already part of their daily routine, but there is still significant negative perception that should be further evaluated.

#### PHP294

##### PRESCRIPTION PATTERN OF OUTPATIENT DEPARTMENT OF A TEACHING HOSPITAL QUETTA, PAKISTAN

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**OBJECTIVES:** This study aimed to evaluate the prescription pattern of outpatient department of teaching hospital (Bolan Medical Complex Hospital) Quetta, Pakistan. **METHODS:** A retrospective study was conducted in outpatient department of teaching hospital (Bolan Medical Complex Hospital) Quetta, Pakistan. Four hundred and eighty prescription were selected from a record of two months (i.e. July and August, 2015) and the prescription parameters were recorded on a data collection form. There are 13 components of the prescription which classified as 5 different domains. The data was analyzed for adherence to prescription format and rationality. Statistical analysis was done by using SPSS version 20 **RESULTS:** Total of 480 prescription were included randomly from the available record. Four

hundred and forty (91.7%) prescriptions lack the information of patient, where 129 (26.9%) has incomplete prescriber information. Majority of prescriptions 418 (87.1%) has absence of patients present complaint, 452 (94.2%) prescriptions have not any investigation record, where 403 (84.01%) prescriptions are without having diagnosis notes. The average number of drugs per prescription was found as 3.3 and presence of antibiotic in prescriptions was 74% ( $n=355$ ). Most number of medicines in a single prescription was three medicines in single prescription present which is account of 50% ( $n=240$ ) prescriptions. **CONCLUSIONS:** The study revealed that the prescription from out patients department of teaching hospitals was not following the proper format and medicines prescribed are irrational. The prescriber should be made aware of the rational use of drugs through continued medical education (CME).

#### PHP295

##### MEDICATION ERROR IDENTIFICATION RATE AMONG MEDICAL STUDENTS OF QUETTA CITY, PAKISTAN

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**OBJECTIVES:** The study is design to measure the prescription error identification rate among medical students of Quetta city, Pakistan. **METHODS:** In this cross sectional, observational study, 300 medical undergraduate students (i.e. from pharmacy, MBBS and nursing students) were invited to complete a questionnaire comprising of 5 prescriptions, each of them containing prescription errors. The number of correctly identified errors and total number of errors present in these prescriptions were compared and error identification rate was calculated. The descriptive statistics (frequencies and percentage) was used to present the data. All analyses were performed using SPSS 20.0. **RESULTS:** Two eighty two questionnaires were returned (with a response rate of 94%). Majority of the participated ( $n=99$ , 35%) were 23 years old, with gender distribution was female dominant ( $n=167$ , 59%). Medication error identification rate were 43 (15%), 27 (7.4%), 34 (12.1%), 32 (11.3%) and 2 (0.7%) for prescription no 1, 2, 3, 4, and 5 respectively. Pharmacy student had a significantly higher rates of error identification as compared to MBBS and nursing students. **CONCLUSIONS:** The medication error identification rate was lower in the medical students. The Medication error should taught practically in curriculum of the medical education.

#### PHP296

##### THE USE OF REAL WORLD EVIDENCE TO INFLUENCE PRACTICE: A SYSTEMATIC REVIEW OF CPRD STUDIES IN ENGLISH GUIDANCES AND GUIDELINES

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**OBJECTIVES:** Clinical guidelines, guidances and technical guidances provide information to healthcare and other relevant professionals in order to inform decision-making for a particular area of public health or health and social care. Over the last few years there has been an increasing trend of using real world data as evidence to inform the recommendations for such documents. However, limited evidence exists regarding the extent to which such studies have directly impacted the NHS and other public health and social care systems. The aim of this review is to identify guidelines or guidances published from 2000 onwards in England which have referenced studies using data from the Clinical Practice Research Datalink (CPRD). **METHODS:** The methodology recommended by Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) was followed. Four databases (The National Institute for Health and Care Excellence Evidence Search, PubMed, Embase and the National Clinical Guideline Centre) were searched. Documents of interest were identified through a search algorithm containing keywords relevant to CPRD and the General Practice Research Database (GPRD). A search diary was maintained detailing the databases and the inclusion/exclusion decisions. Exclusion criteria included guidelines not applicable to the UK, not available (commonly under review), and duplicates. **RESULTS:** Following the PRISMA search strategy, 271 documents were identified. After screening and assessment for eligibility, 21 guidelines/guidances were included. There were 23 different CPRD studies referenced in one or more documents. **CONCLUSIONS:** Identified guidelines/guidances covered a variety of specific conditions (e.g. Gout, Osteoporosis) and treatments (e.g. oral contraceptives, oral anticoagulants). Further expected results will explore the range of treatment areas and time trends. This review serves as a case study on how research using real world evidence can influence and benefit practice.

#### PHP297

##### ECONOMIC CONSIDERATIONS IN CLINICAL GUIDELINES - ARE PATIENT PERSPECTIVES CONSIDERED?

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**OBJECTIVES:** The objective of this study was to examine the extent to which medical specialty societies have integrated economic evidence into their clinical guidance documents, with a particular focus on (a) whether and how the patient perspective on cost was taken, and (b) whether and how physicians were guided on how to discuss economic considerations alongside safety and efficacy parameters. **METHODS:** We reviewed recently issued clinical guidelines from over 20 leading medical organizations across a variety of therapeutic areas. For each guideline, we considered if and how economic data were presented in the guideline, and summarized how the medical organization recommended incorporating economic decisions into clinical decision-making. We also examined whether the guidelines made recommendations regarding the consideration of patient perspectives on economic value of potential treatments. **RESULTS:** The majority of guidelines reviewed made some recommendation regarding the assessment of value. The nature and strength of the recommendations varied widely. Some organizations simply made generalized statements about the importance of considering value, while others were explicit in their recommendations regarding cost per quality adjusted life year assessments. None of the guidelines considered discussed the patient perspective on economic value, and none offered explicit